



STATEMENT OF NO KNOWN LOSSES

APPLICANT / NAMED INSURED

QUOTE OR POLICY NUMBER

PRODUCER

1. SUBJECT PROPERTY OR PROPERTIES

This attestation applies to each property identified below and to every location shown on the schedule of locations attached to, or incorporated by reference in, the application or quote identified above.

1. _____ 2. _____

2. ATTESTATION

I, _____, certify that, after reasonable inquiry (including inquiry of any co-owner, property manager, tenant, contractor or other person with knowledge of the subject property or properties), I am not aware of any loss, claim (whether paid, covered, denied, withdrawn or closed without payment), accident, damage, defect or circumstance existing as of the date of this attestation or arising during the five (5) years immediately preceding it that has resulted in, or is likely to give rise to, an insurance claim of any kind under the insurance policy or program for which I am applying. If I have not owned a subject property for the full five (5) years, this attestation is given for the entire duration of my ownership of that property. This attestation is given separately as to each subject property and applies to every subject property **except** a property excepted under Section 3, so that an exception as to one property does not qualify this attestation as to any other.

3. EXCEPTED PROPERTIES AND DISCLOSED LOSS HISTORY

- ☐ No exceptions. Section 2 is given as to every subject property.
- ☐ Section 2 is not given as to the property or properties listed below:

PROPERTY ADDRESS	DATE OF LOSS	NATURE OF LOSS OR CLAIM

A property may also be excepted after signature by written declaration identifying the property and the loss, delivered to RiskWell before coverage is bound. Such a declaration is appended to and forms part of this document, and this attestation is then read as though the property had been listed above. No oral statement to any person, and no declaration received after coverage is bound, excepts a property from Section 2. Each excepted property requires a carrier-generated loss run covering the preceding five (5) years as a subjectivity to binding, and may be declined, sublimited, or written on terms reflecting the disclosed loss history.

4. ENTITIES COVERED BY THIS ATTESTATION

Where applicable, I make this attestation on behalf of the following entity or entities, of which I am the sole member or an officer or member authorized to make such an attestation:

1. _____ 2. _____

3. _____ 4. _____

5. CONTINUING DUTY, MATERIALITY AND RELIANCE

This attestation is a continuing representation through the date coverage is bound. If I become aware, after signing and before binding, of any loss, claim or circumstance described in Section 2, I will notify RiskWell in writing before coverage is bound. I understand that the insurer, the program administrator and RiskWell are relying on this statement in deciding whether to offer coverage and on what terms. A property that is neither listed in Section 3 nor the subject of a timely written declaration is covered by Section 2 in full; if damage is later verified to have pre-existed the inception of coverage on such a property, any related claim is likely to be denied, and the policy may be voided or rescinded for material misrepresentation to the extent permitted by applicable law.

6. FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to potential criminal and civil penalties. Where the applicant's state of residence, or the state in which a subject property is located, mandates a specific fraud warning, that state's notice is attached to and forms part of this document and controls over this paragraph.

7. ACKNOWLEDGMENT

The undersigned acknowledges the foregoing and attests that this claims history statement, as qualified by Section 3, is true, correct and complete to the best of their knowledge.

SIGNATURE

DATE

PRINTED NAME

TITLE OR CAPACITY